

**34 Maple Street
Milford, Massachusetts 01757**

DECLARATION AND POWER OF ATTORNEY

As the inventor, I hereby declare that: my residence, post office address and citizenship is as stated below next to my name of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND APPARATUS FOR DETERMINING THE PRESENCE OR
ABSENCE OF A FLUID LEAK**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. 119:			
Application No.	Filing Date	Country	Priority Claimed Under 35 U.S.C. 119?
PCT/US02/06540	March 1, 2002	WO	March 2, 2001

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION
(35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Applicant	Provisional Application Number	Filing Date
Joseph A. Luongo	60/272,934	March 2, 2001

POWER OF ATTORNEY: As named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anthony J. Janiuk (Reg. No. 29,809)

Lin B. Olson (Reg. No. 41,230)

SEND CORRESPONDENCE TO: Anthony J. Janiuk, Esq. WATERS CORPORATION 34 Maple Street Milford, Massachusetts 01757	DIRECT TELEPHONE CALLS TO: Anthony J. Janiuk, Esq. Tel. (508) 482-2714 Fax. (508) 482-2320
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201	FULL NAME OF INVENTOR	LAST NAME	First	MIDDLE NAME
		Luongo	Joseph	A.
	CITIZENSHIP	CITY	STATE	COUNTRY
	USA	Walpole	Massachusetts	USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	STATE OR COUNTRY AND ZIP CODE	
		7 Saddle Way	Massachusetts 02081	

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor **201:** _____ **Date:** _____, 2003

202	FULL NAME OF INVENTOR	LAST NAME	First	MIDDLE NAME
		Ciavarinni	Steven	J.
	CITIZENSHIP	CITY	STATE	COUNTRY
	USA	Bellingham	Massachusetts	USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	STATE OR COUNTRY AND ZIP CODE	
		27 Rome Avenue	Massachusetts 02019	

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor **202:** _____ **Date:** _____, 2003

203	FULL NAME OF INVENTOR	LAST NAME	First	MIDDLE NAME
		Tacconi	Robert	Q.
	CITIZENSHIP	CITY	STATE	COUNTRY
	USA	Medfield	Massachusetts	USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	STATE OR COUNTRY AND ZIP CODE	
		142 South Street	Massachusetts 02052	

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor **203**: _____ Date: _____, 2003

204	FULL NAME OF INVENTOR	LAST NAME		MIDDLE NAME
		Rubino	Frank	A.
	CITIZENSHIP	CITY	STATE	COUNTRY
	USA	Milford	Massachusetts	USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	STATE OR COUNTRY AND ZIP CODE	
		243 Central Street	Massachusetts 01757	
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Signature of Inventor **204**: _____ Date: _____, 2003

205	FULL NAME OF INVENTOR	LAST NAME		MIDDLE NAME
		Dumas	Robert	J.
	CITIZENSHIP	CITY	STATE	COUNTRY
	USA	Upton	Massachusetts	USA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	STATE OR COUNTRY AND ZIP CODE	
		8 Brandish Farm Road	Massachusetts 01568	

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor **205**: _____ Date: _____, 2003